



TAMIL NADU GOVERNMENT GAZETTE

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NOTIFICATIONS BY GOVERNMENT

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NOTIFICATIONS BY GOVERNMENT

LABOUR AND EMPLOYMENT DEPARTMENT

Tamil Nadu Fire and Match Workers Social Security Welfare' Scheme, 2021.

[G.O. Ms. No. 45, Labour and Employment (I1), 24th February 2021,
மரசி 12, சார்வரி, திருவள்ளூர் ஆண்டு-2052.]

No.SRO A-8/2021.— In exercise of the powers conferred by Section 4 read with Section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, hereby makes the following Scheme for Employment in Fire and Match Works specified in item 28 in the Schedule to the said Act:-

1. **Short title, Application and Commencement** – (1) This Scheme may be called the Tamil Nadu Fire and Match Workers' Social Security and Welfare Scheme, 2021.
 - (2) It shall apply to all manual workers in Fire and Match Works Employment.
 - (3) It shall come into force on the 24th February, 2021.
2. **Definitions**—In this Scheme, unless the context otherwise requires,—
 - (a) "Act" means the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982);
 - (b) "Board" means the Tamil Nadu Fire and Match Workers Welfare Board established under Section 6 of the Act;
 - (c) "dependant" in relation to a registered manual worker means any of the relatives of such deceased workman specified below:—
 - (i) wife or husband, as the case may be;
 - (ii) children;
 - (iii) widow and children of the pre-deceased son; and
 - (iv) parents;
 - (d) "family" means,—
 - (i) in the case of a male member, his wife, children whether married or unmarried, parents and the widow and children of a deceased son of the member; and
 - (ii) in the case of a female member, her husband, children, parents and the widow and children of a deceased son of the member;
 - (e) "Form" means a Form appended to this Scheme;
 - (f) "Fund" means the Tamil Nadu Fire and Match Workers Welfare Fund established under the Scheme;
 - (g) "manual worker" means any person who has completed 18 years of age but has not completed 60 years of age and who is engaged to do any manual work in the Fire and Match Works Employment;
 - (h) "member" means member of the Scheme;
 - (i) "Secretary" means the Secretary of the Board;
 - (j) Words and expressions used in this Scheme and not defined shall have the same meaning assigned to them in the Act.
3. **Powers, duties and functions of the Board** —
 - (1) Subject to the provisions of the Act, the Board may take such measures, as it may consider necessary for implementing the Scheme.
 - (2) The Board shall—
 - (a) maintain and administer the "Tamil Nadu Fire and Match Workers Welfare Fund" and collect the contributions towards that Fund;
 - (b) subject to the provisions of the Scheme, any property vested with the Board shall be held and utilised by it only for the purposes of the Scheme;

- (c) have the authority to spend such sum, as it thinks fit, for the purposes of the Scheme from out of the Fund;
- (d) keep proper accounts for all receipts and expenses under the Scheme;
- (e) submit annual budget to the State Government for sanction;
- (f) submit annual report to the State Government on the working of the Scheme as laid down under sub-section (5) of Section 8 of the Act;
- (g) submit to the State Government copies of all proceedings of the meetings of the Board;
- (h) make all arrangements necessary for the annual audit of accounts of the Board in accordance with the instructions issued by the State Government;
- (i) furnish information to the State Government on such matters as the State Government may refer to it from time to time.

(3) The Board may—

- (a) accept deposits from persons, authorities or establishments on such conditions as it deems fit;
- (b) borrow money with the previous permission of the State Government in order to augment the sources of funds;
- (c) specify Forms, records, registers and statements if so required, in addition to such of those forms, records, registers and statements appended to this Scheme, for the administration of the Scheme and revise any of such forms, records, registers and also specify production of additional certificates, records along with such Forms, statement, etc.;
- (d) make recommendations to the State Government about modifications which are considered necessary in the Scheme.

4. **Secretary of the Board** —(1) The Chief Executive Officer of the Board shall be the Secretary to the Board.

- (2) The Secretary shall, with the approval of the Chairman of the Board issue notice to convene meetings of the Board and keep the record of minutes and shall take necessary steps for carrying out the decisions of the Board.

5. **Appointment of Chief Executive Officer and other Officers and staff.**—(1) The State Government may appoint an officer of the Labour Department not below the rank of Assistant Commissioner of Labour as the Chief Executive Officer of the Board.

- (2) The State Government may appoint a Chief Accounts Officer in the cadre of Under Secretary, Finance Department or an Accounts Officer from the Treasuries and Accounts Department in the Board.
- (3) The State Government may appoint as many Officers, as may be necessary, on deputation from the Labour Department or any other department or undertaking or Corporation or Board of the State Government or by direct recruitment as Executive Officers for the purpose of implementation of the Scheme.
- (4) The State Government may also appoint as many Inspectors and staff, as may be necessary, on deputation from Labour Department or any other department or Undertaking or Corporation or Board of the State Government or by direct recruitment for the purpose of implementation of the Scheme.

6. **Chief Executive Officer of the Board, etc., to be public servants.**— The Chief Executive Officer and other officers and staff of the Board appointed under this Scheme shall be deemed to be public servants within the meaning of Section 21 of the Indian Penal Code, 1860 (Central Act XLV of 1860).

7. **Administrative and financial powers of the Chief Executive Officer.**— (1) The Chief Executive Officer of the Board may, without reference to the Board, sanction expenditure on contingencies, services and purchase of articles, subject to the limit up to which he may be authorised to sanction expenditure with such restrictions imposed by the Board with the approval of the State Government.

- (2) The Chief Executive Officer may also exercise such administrative and financial powers other than those specified in sub-clause (1) above, as may be delegated to him from time to time by the Board with the approval of the State Government.

8. **Opening of district and local office.**— The Board may with the approval of the State Government, open district and local offices, as it may consider necessary, for the purpose of implementing the Scheme. It may also define the functions of such Offices.

- 9. Registration of Manual workers.—** (1) Any manual worker who has completed the age of 18 years but not completed 60 years, may register his name with the Board through the Assistant Commissioner of Labour (Social Security Scheme) of the respective district to become a member.
- (2) Application for such registration shall be made online to the Assistant Commissioner of Labour (Social Security Scheme) of the respective district in Form-I appended to this Scheme together with a certificate of employment issued by any of the persons or officers specified below:—
- (a) Employer of any manual worker;
 - (b) President or the General Secretary of a trade union of the employment concerned, registered under the Trade Unions Act, 1926 (Central Act XVI of 1926), which has submitted the annual returns in Form E appended to the Tamil Nadu Trade Unions Regulations, 1927, to the Registrar of Trade Unions, for three consecutive years before the date of issue of the certificate of employment or any other office – bearer of such trade union authorised by the President or General Secretary of the said trade union, in writing in this behalf;”
 - (c) Any officer not below the rank of an Assistant Inspector of Labour in the Labour Department or an officer not below the rank of an Assistant Inspector of Factories in the Department of Inspectorate of Factories;
 - (d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.
- (3) (a) Registration of the name of a manual worker with the Board shall be made by the Assistant Commissioner of Labour (Social Security Scheme) of the respective district after due online verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
- (b) The registration under this clause is valid for a period of five years or until the registered manual worker attains the age of sixty years, whichever is earlier.
- (4) Every member will be issued with an Identity Card in Form-II free of cost by the Assistant Commissioner of Labour (Social Security Scheme).
- (5) In case of loss of the identity card, a duplicate identity card will be issued by the Assistant Commissioner of Labour (Social Security Scheme) on an application made by the member, on payment of twenty rupees.
- (6) (a) Every member shall furnish name, address, relationship of the nominee to whom the benefits shall be payable in the event of his death in the application.
- (b) If a member has a family at the time of making a nomination, the nomination shall be made in favour of one or more members of his family. Any nomination made by such member in favour of a person who is not a member of his family shall be void.
- (c) If at the time of making a nomination the member has no family, the nomination may be made in favour of any person or persons.
- (d) If the member subsequently acquires a family such nomination shall forthwith become invalid and the member shall make within ninety days of acquiring the family, a fresh nomination in favour of one or more members of his family.
- (e) If a nominee predeceases the member, the interest of the nominee shall revert to the member who shall make a fresh nomination in respect of such interest.
- (f) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered member.

- 10. Suspension and cancellation of membership.—** (1) The Assistant Commissioner of Labour (Social Security Scheme) of the respective district may, if he has any reasonable cause to believe that the membership or benefit under this Scheme has been secured by a registered manual worker by making any statement in relation to, any application or the registration, which is incorrect or false in any material particular or has contravened any of the provisions of the Act or any rule or Scheme framed under the Act, suspend such membership pending inquiry against the holder of such membership.

- (2) The Assistant Commissioner of Labour (Social Security Scheme) arrives at a conclusion, after making such inquiry as he may think fit, that the holder of a membership has made a false or incorrect statement of the nature referred to in sub-clause (1), or has contravened any provision of the Act or any rule or Scheme framed under the Act, cancel such membership:

Provided that no such membership shall be cancelled unless the holder thereof has been given a reasonable opportunity of showing cause against the proposed action.

- (3) Every manual worker whose membership has been cancelled shall forfeit all his claims under the Scheme.
- (4) Any manual worker aggrieved by an order passed by the authority referred to in sub-clause (2) is entitled to prefer an appeal to the Chief Executive Officer within thirty days from the date of receipt of the order. The Chief Executive Officer may, for valid reasons to be recorded in writing allow preference of appeal after the said period of 30 days but not exceeding ninety days in the aggregate. On such preference of appeal, the Chief Executive Officer shall dispose of the appeal within a period of three months, after giving an opportunity to the manual worker. The orders passed by the Chief Executive Officer shall be final.
- 11. Maintenance of registers.—** (1) Every employer shall maintain a Register of Contribution in Form-III.
- (2) Every employer shall maintain an Inspection Register, in which the Inspector appointed for the purpose of the Scheme may record his remarks regarding any defects that may come to light at the time of his inspections.
- (3) The records relating to a calendar year shall be preserved for three years.
- (4) The Board and the Assistant Commissioner of Labour (Social Security Scheme) of the respective district shall maintain a Register of Members in Form IV.
- 12. The Tamil Nadu Fire and Match Workers' Social Security and Welfare Fund.—** (1) There shall be constituted a Fund called the "The Tamil Nadu Fire and Match Workers Social Security and Welfare Fund" to which the following shall be credited:-
- (a) all contributions received by the Board from the Government as grant;
- (b) all contributions received by the Board under the scheme;
- (c) all money received by the Board by way of sale or disposal of properties and other assets;
- (d) interest on investments in securities, deposits and rents;
- (e) all moneys received by way of interest charged for the delayed payment of contribution under clause 27 of the Scheme; and
- (f) all moneys received by the Board in any other manner or from any other source.
- (g) a one time contribution of a Corpus fund of Rs.5 Crore raised by the Industries in Virudhunagar district.
- (2) All remittances payable to the Fund shall be rounded off to the nearest rupee.
- (3) All moneys received by the Board and forming part of the Fund shall be kept in Current Account of any of the Nationalized Banks or any of the Co-operative Banks under the control and supervision of Tamil Nadu State Co-operative Bank or any other bank as may be specified by the Board from time to time. Such account shall be jointly operated by the Secretary of the Board and another Officer authorised by the Secretary of the Board.
- 13. Contributions.—** (1) Every employer of Fireworks and Match Industries shall contribute under this Scheme to the Board, a sum of Rs.200/- per annum per employee, every year before the 15th day of January, by means of a demand draft drawn in favour of the "Secretary, Tamil Nadu Fire and Match Workers' Welfare Board", payable at Chennai, accompanied by a statement in Form-V.
- (2) All remittances payable to the Fund shall be rounded off to the nearest rupee.
- 14. Renewal of Registration. —** (1) Every member whose name has been registered under clause 9, shall renew his registration online before the expiry of the period of five years specified in that clause.
- (2) A member who fails to renew his registration shall cease to be a member automatically. No specific orders on the cessation of membership need be issued under this provision.
- (3) A member whose membership ceased under sub-clause (2) may be re-admitted by the Assistant Commissioner of Labour (Social Security Scheme) of the respective district, after due verification.
- (4) Notwithstanding his re-admission under sub-clause (3), he shall not be eligible to claim any benefits that may become due during the period of non renewal.
- 15. Intimation about change of employer, employment, place etc.—** Every member who leaves or changes his service under an employer, or changes his scheduled employment to another, or migrates from one place to another place shall, within thirty days of such change intimate the Assistant Commissioner of Labour (Social Security Scheme) of the respective district by a letter sent by registered post or delivered in person.
- 16. Utilisation of Fund.—** (1) The Fund of the Scheme shall vest in and be held and applied by the Board as Trustee, subject to the provisions and for the purposes of this scheme.

- (2) It shall be lawful for the Board to invest the money, in any Government Financial Institutions, Co-operative Banks, Nationalized Banks, or Corporations authorised by the Government which offers the highest rate of interest as on the date of such investment.

17. Personal Accident Relief. — (1) Any member who meets with an accident will be eligible for Personal Accident Relief and where the accident results in death, his nominees are eligible for personal accident relief.

Explanation — For the purpose of this clause “accident” means any bodily injury or loss of limbs or loss of sight resulting solely and directly from accident arising out of and in the course of his employment or death but does not include any intentional self injury, suicide, attempted suicide, injury caused while under the influence of intoxicating liquor or drugs or resulting from the injured worker committing any breach of Act, rules, regulations or instructions applicable from time to time.

- (2) The risk covered by the Scheme and the amount of compensation payable shall be as follows:—

(a) Death .. Rs.1,00,000

(b) Loss of actual physical separation or total and irrecoverable loss of use of.—

(i). both hands; or

(ii). both feet; or ..

(iii). one hand and one foot; or

(iv). total and irrecoverable loss of sight in both eyes

} Rs.1,00,000

(c) Loss of actual physical separation of or total and irrecoverable loss of use of.—

(i) one hand; or

(ii) one foot; or ..

(iii) total and irrecoverable loss of sight in one eye.

} Rs.50,000

(d) Permanent total disablement from injuries other than those specified in items (b) and (c) above .. Rs.25,000

(e) Permanent ptial disablement as specified in column (1) of the Table hereunder

At the rate the specified in the corresponding Entry coumn (2) of the Table below

THE TABLE

Serial No.	Nature of disablement (1)	Compensation in percentage (to be applied on Rs.1,00,000/-) (2)	
			Percent
1.	Loss of toes	All Great both phalanges	20
		Great One phalanx Other than	5
		great, If More than one toe lost	2
		each	1
2.	Loss of hearing	Both ears	50
3.	Loss of hearing	one ear	15
4.	Loss of four fingers and thumb of one hand		40
5.	Loss of four fingers		35
6.	Loss of thumb	Both Phalanges	25
7.	Loss of index finger	Three Phalanges	10
		Two Phalanges	8
		One Phalanx	4
8.	Loss of middle finger	Three Phalanges	6
		Two Phalanges	4
		One Phalanx	2
9.	Loss of ring finger	Three Phalanges	5
		Two Phalanges	4
		One Phalanx	2

10.	Loss of little finger	Three Phalanges	4
		Two Phalanges	3
		One Phalanx	2
11.	Loss of Metacarpals	(additional)	3
	1st or 2nd 3rd 4th or 5th	(additional)	2
12.	Any other Permanent Partial disablement	Percentage as assessed by the Doctor	

- (3) In case of disablement due to accident, the member shall also be eligible to claim wheel chair or artificial limbs, in addition to the amount of compensation.

(4) Claim:- (a) Immediately upon the happening of any accident while in pursuit of his employment resulting in death or loss of limbs or loss of sight, the employer shall send a report to the Assistant Commissioner of Labour (Social Security Scheme) of the respective district and to the Police in Form VI, within three days of occurrence of the accident. In any other case, the report of the accident may be sent to the Assistant Commissioner of Labour (Social Security Scheme) of the respective district either by the injured member or the nominee of the deceased member or a representative of a trade union of the employment concerned. The Assistant Commissioner of Labour (Social Security Scheme) shall investigate the accident occurred, in the work place either on the report of the accident received from the employer or the injured member or the nominee of the deceased member or a representative of a trade union of the employment concerned.

- (b) In the case of injury or loss of limbs or loss of eyesight specified in items (b) to (e) of sub-clause (2), the claim shall be made by the member concerned. In the event of death of a member, the claim shall be made by his nominee in Form-VII.
- (c) In case of death of a member due to accident, death certificate and post-mortem certificate issued by an authority who is competent to issue such certificate shall be produced by the claimant. If there is delay for more than thirty days in getting the post-mortem certificate, the certificate given by the Tahsildar in this regard shall be produced.
- (d) In case of loss of limbs or loss of eyesight or, partial disablement due to accident, the claimant should produce a medical certificate issued by a medical officer not below the rank of a Civil Assistant Surgeon.
- (e) The Assistant Commissioner of Labour (Social Security Scheme) shall after due verification, sanction the compensation in addition to providing artificial limbs or wheel chair to the claimant.

18. Pension Scheme.— (1) Eligibility.— Every member who has completed 60 years of age is eligible for pension:

Provided that a member who has not completed 60 years of age, is also eligible for pension, if he becomes disabled due to sickness and incapacitated from doing normal work.

(2) Claim.— (a) Every member who is eligible for pension under sub-clause (1) shall apply to the Assistant Commissioner of Labour (Social Security Scheme) of the respective district in Form VIII and IX, as applicable. The claim is to be made online:

Provided that a disabled member who is eligible for pension under the proviso to sub-clause (1) shall produce to the Assistant Commissioner of Labour (Social Security Scheme) a certificate of proof of his disability issued by a Medical Officer not below the rank of a Civil Surgeon.

(b) The Assistant Commissioner of Labour (Social Security Scheme) shall examine every application for pension in accordance with the provisions of this clause and may accept or reject the claim. The decision of the Assistant Commissioner of Labour (Social Security Scheme) shall be final:

Provided that the Assistant Commissioner of Labour (Social Security Scheme) shall, before rejecting a claim for pension, give the applicant a reasonable opportunity of making his representation.

(3) Amount of pension:- The quantum of pension shall be Rs.1000/- (Rupees One Thousand only) per month.

19. Assistance to meet the funeral expenses of a member.—

- 1) If a member dies, the Assistant Commissioner of Labour (Social Security Scheme) of the respective district, after due verification shall sanction a sum of Rs.5,000 (Rupees Five Thousand only) to the nominee of the deceased member to meet the funeral expenses of the deceased member.
- 2) The application for claiming the amount specified in sub-clause (1) shall be in Form X and shall be accompanied by the Death Certificate of the deceased member and the original identity card issued to the deceased member. The claim is to be made online.

20. Assistance on the natural death of a member.— (1) If a member dies naturally, the Assistant Commissioner of Labour (Social Security Scheme) of the respective district, after due verification shall pay a sum of Rs.20,000/- (Rupees Twenty Thousand only) to the nominee of the deceased member.

(2) The application for claiming the amount specified in sub-clause (1) shall be in Form-X and shall be accompanied by the Death Certificate of the deceased member and the original identity card issued to the deceased member. The claim is to be made online.

21. Assistance for education of the son or daughter of a member.— (1) The assistance for the education of the children of a member shall be sanctioned by the Assistant Commissioner of Labour (Social Security Scheme) of the respective district, after due verification, as specified in the Table below —

THE TABLE

Serial number	Form	Course of study	Day scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10th Std. studying – Girl children only	-	1,000	-	-
2	X	10th Std. passed	1,000	1,000	-	-
3	XI	11th Std. studying – Girl children only	-	1,000	-	-
4	XI	12th Std. studying – Girl children only	-	1,500	-	-
5	X	12th Std. passed	1,500	1,500	-	-
6	XII	Studying regular Bachelor Degree course(Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	4,000	4,000	5,000	5,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	6,000	6,000	8,000	8,000
10	XII	Studying ITI or Polytechnic course(Every academic course)	1,000	1,000	1,200	1,200

(2) The assistance for education shall be sanctioned only if the member shall have no dues payable to the Board:
Provided that the assistance for education shall be given only for two children of a member.

(3) The application for the assistance specified in serial numbers 1,3 and 4 of the Table in sub-clause (1) shall be in Form XI, to be submitted before completion and passing of the course; the application for the assistance specified in serial numbers 2 and 5 of that Table shall be in Form XII, to be submitted after passing of the course; and the application for the assistance specified in serial numbers 6 to 10 of that Table shall be in Form XIII, to be submitted before completion and passing of the course. The claim is to be made online.

22. Assistance for marriage.— (1) The Assistant Commissioner of Labour (Social Security Scheme) of the respective district shall, on an application from a member, after due verification, sanction a sum of Rs.3,000/- (Rupees Three thousand only) for men and Rs.5000/- (Rupees five thousand only) for women as assistance to meet the marriage expenses of the member or his son or daughter, as the case may be.

(2) The assistance for marriage shall be sanctioned only if the following conditions are fulfilled, namely.—

(a) the member shall have no dues payable to the Board;

(b) the person for whose marriage the assistance is sought shall have attained the age prescribed by Law for marriage:

Provided that the family of a member can avail the assistance for marriage only twice.

(3) The application for assistance under this clause shall be in Form-XIV. The claim is to be made online.

23. Assistance to female member for delivery or miscarriage of pregnancy or the termination of pregnancy:- [(1) The Assistant Commissioner of Labour (Social Security Scheme) of the respective district, shall, on an application from a female member, sanction the assistance as indicated below, after due verification of the proof produced by

her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy as the case may be:-

- | | |
|--------------------------------|---|
| (i) Pregnancy— | Rs.6,000/- (Rs.3000/- shall be paid between seventh month to ninth month of pregnancy period and remaining Rs.3000/- shall be paid from two to five month after the delivery of the child). |
| (ii) Miscarriage of pregnancy | - Rs.3,000/- |
| (iii) Termination of pregnancy | - Rs.3,000/- |

(2) The assistance in clause (1) shall be sanctioned to a female member only if the following conditions are fulfilled, namely:-

- (a) She shall have no due payable to the Board; and
- (b) She shall not be given this assistance if she already had two children:

Provided that she is eligible for the assistance only twice;

(3) The application for claiming the amount specified in sub-clause (1) shall be in Form-XV. The claim is to be made online.

24. Assistance for purchase of spectacles by a member.— (1) The Assistant Commissioner of Labour (Social Security Scheme) of the respective district, shall on an application Form XVI from a member, after due verification sanction a sum not exceeding Rs.500/- (Rupees five hundred only) as an assistance towards reimbursement of cost of spectacles.

(2) The assistance in clause (1) shall be sanctioned only if the member applying for assistance has no due payable to the Board:

Provided that the assistance shall be given to a member only once.

(3) The claim is to be made online.

25. Eligibility to avail assistance or relief.— A member shall be eligible to avail assistance or relief under this Scheme only if he had not availed similar assistance or relief under any other Scheme of the Government:

Provided that a member or his nominee in case of death of the member, as the case may be, may exercise his option to avail the assistance and relief under this Scheme or any other Scheme of the Government, whichever is beneficial to him.

26. Penalty.— (1) If any employer who, for the purpose of avoiding any payment to be made by him under the Act or under this Scheme or if any person who, for the purpose of enabling an employer to avoid such payment, knowingly makes or causes to be made any false statement or false representation shall be punishable with fine which may extend to five hundred rupees or with imprisonment for such term which shall not exceed three months and for the second or subsequent offence with fine which may extend to one thousand rupees or with imprisonment which shall not exceed a term of six months.

(2) If an employer who contravenes or makes default in complying with any of the provisions of this Scheme shall for such contravention or noncompliance, be punishable with fine which may extend to five hundred rupees or with imprisonment for such term which shall not exceed three months and for the second or subsequent offence, with fine which may extend to one thousand rupees or with imprisonment which shall not exceed a term of six months or with both imprisonment and fine and for a continuing offence with a further fine which may extend to one hundred rupees for each day of contravention or default.

27. Recovery of amount from employers.—Any amount due from any employer in pursuance of the Scheme shall, without prejudice to any other mode of recovery, be recoverable on behalf of the Board as an arrear of land revenue together with interest at such rate as may be notified by the Government.

28. Power to remove difficulties.—If in the opinion of the Board, any difficulty or doubt arises as to the interpretation of any of the provisions of the Scheme or in the implementation of the Scheme, the Board shall refer the question to the Government and the decision of the Government shall be final and binding.

29. Construction of reference to the registration, contribution etc., under the Scheme.— The contribution made by any manual worker and the contribution made by any employer after registration and the consequential benefits accrued to any manual worker under the Tamil Nadu Manual Workers Social Security and Welfare Scheme, 2001 shall be construed as contribution made and the benefits accrued under this Scheme.

APPENDIX

FORM – I

[See clause 9(2)]

APPLICATION FOR REGISTRATION

To

The Assistant Commissioner of Labour (Social Security Scheme),

.....district.

Registration No.....

(to be filled in by the Registration Authority)

Affix
Passport
Size
Photograph

1. (a) Name of the worker :

(b) Sex :

(c) Religion :

(d) Caste :

(e) Category :

SC	ST	MBC	BC	OC
----	----	-----	----	----

2. Name of the Father/Husband :

3. Date of Birth :

(enclose Xerox Copy of evidence
in proof duly attested by a Group A or Group B officer)*

Day Month Year

4. Marital Status
(Whether married, unmarried, widow/widower) :

5. Permanent address :

6. Present address :

7. State whether self-employed or employed :

8. If employed, furnish the name and address
of the established and also the name and
address of the employer/ contractor :

9. Nature of work :

10. Number of years engaged in the employment
as on the date of application :

11. Particulars of the member of the family :

Sl. No	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :

(b) If so furnish details

13. Nomination for receipts of Natural Death/Accidental Death Assistance :

Name and address **	Nominee's Relationship	Age of the	Percentage of
			amount to be paid
of the nominee/nominees	with the worker	nominee	to each nominee
_____ (1)	_____ (2)	_____ (3)	_____ (4)

*(i) Birth Certificate or (ii) School Certificate or (iii) Driving License or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

**Nominees shall be Dependant Family Members.

Signature/Left hand Thumb impression of the manual worker

(Left hand thumb impression to be attested by the
Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual workers welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government scheme.

Signature or left hand thumb impression of the manual worker.

(Left hand thumb impression to be attested by the Registration authority)

***Any false declaration/certification will entail legal action.

CERTIFICATE OF EMPLOYMENT.***

Certified that the particulars furnished by Thiru/Thirumathi/Selvi..... regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person/

Officer issuing the certificate.

***Any false declaration/certification will entail legal action.

VERIFICATION CERTIFICATE.

After due verification it is certified that the particulars furnished in the application and the proof of age are found to be correct and recommended for registration.

Place:

Date :

Village Administrative Officer/

Revenue Inspector (for Chennai district).

Office Note:-

Application and proof verified. The recommendation of theis accepted and the applicant is registered as member of the Tamil Nadu.....Welfare Board.

Application for membership rejected (In case of rejection, reason should be clearly mentioned).

Assistant Commissioner of Labour (Social Security Scheme)

.....District.

ACKNOWLEDGEMENT SLIP.

Received from Selvi/Thiru/Tmt.....residing at..... application for registration as manual worker in the Tamil NaduWelfare Board.

Office Seal:

Assistant Commissioner of Labour (Social Security Scheme)

District with date :

Name:

Designation :

FORM – II

[See clause 9 (4)]

IDENTITY CARD



TAMIL NADU

.....

WELFARE

BOARD

LABOUR
STATUE

IDENTITY CARD

SCHEME ASSISTANCES OF THE BOARD

1.	Accident Insurance Scheme	Rs.
	(a) Accidental Death (b) Accidental Disability	1,00,000/- Based on Extent of Disability
2.	Natural Death Assistance	20,000/-
3.	Funeral Expenses Assistance	5,000/-
4.	Educational Assistance:-	
	(a) Girl Children studying 10th	1,000/-
	(b) 10th Passed	1,000/-
	(c) Girl Children studying 11th	1,000/-
	(d) Girl Children studying 12th	1,500/-
	(e) 12th Passed	1,500/-
	(f) Regular Degree Course	1,500/-
	with hostel facility	1,750/-
	(g) Regular Post Graduate Course	4,000/-
	with hostel facility	5,000/-
	(h) Professional Degree Course	4,000/-
	With Hostel Facility	6,000/-
	(i) Professional PG Course	6,000/-
	With Hostel Facility	8,000/-
	(j) I.T.I. or Polytechnic	1,000/-
	With Hostel Facility	1,200/-
5.	Marriage Assistance	5,000/- for Women 3,000/- for Men
6.	Maternity Assistance	5,000/- [Rs.3000/- seventh month to ninth month of pregnancy & Rs.3000/- Second to fifth months after the delivery]
7.	Reimbursement of Cost of Spectacles	Upto 500/-
8.	Pension	1000/- per month



TAMIL NADU

.....

WELFARE

BOARD

Affix
Passport
Size
Photograph

Registration No. :

Date :

1. (a) Name of the member :

(b) Sex :

(c) Religion :

(d) Caste :

SC	ST	MBC	BC	OC
----	----	-----	----	----

(e) Category :

2. Father / Husband :

3. Date of Birth / Age :

4. Employment :

Registration should be renewed before

5. Permanent Address :

6. Present Address :

7. Marital Status :

8. Details of Nominees :

9. Registration Number if
Member of Trade Union :

Signature of the member

Signature of the Assistant
Commissioner of Labour
(Social Security Scheme)

.....District.

Details of Scheme Assistance provided to the member.

<i>Sl. No.</i>	<i>Name of the Assistance provided</i>	<i>[Name of the Person]</i>	<i>File No. and Date</i>	<i>Amount distributed</i>	<i>Signature of the Officer</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>

Renewal details

<i>Date of Renewal</i> (1)	<i>Receipt No. and Date</i> (2)	<i>Next Renewal Date</i> (3)	<i>Signature of the Renewing Officer with seal</i> (4)

GENERAL INSTRUCTIONS

- (1) The Registering individual should have completed 18 years of age and below 60 years of age.
- (2) No Registration / Renewal Fee.
- (3) Registration should be renewed once in five years.
- (4) In case of loss of Identity Card, Duplicate Identity Card may be collected from the Assistant Commissioner of Labour (Social Security Scheme) of the respective district by remitting Rs. 20/-
- (5) In case of change of Residence new address should be intimated to the Assistant Commissioner of Labour (Social Security Scheme) of the respective District.
- (6) After Marriage of the worker, application should be made to the Assistant Commissioner of Labour (Social Security Scheme) of the respective District for change of nominee in the Original Registration Application Form.
- (7) In the event of death of the worker, the Original Identity Card should be surrendered to the Assistant Commissioner of Labour (Social Security Scheme) of the respective District along with the application for Natural Death Assistance.
- (8) The Original Identity Card should be enclosed along with claim application each time when the Assistance is sought for.
- (9) All assistances should be extended to the beneficiary through "Regional Electronic Clearing System" of Banking Services

UZHAIPPOM

UYARVOM



No.69, IOA Building, 2nd floor, Thiru.Vee.Kaa
High Road, Royapettah, Chennai – 600 014

Phone : 28112913, 28110147

[See clause 11 (1)]

2. Name of the establishment :

<i>Name of the member</i>	<i>Registration No.</i>	<i>Nature of employment</i>	<i>Wages earned during the month</i>	<i>Total Wages</i>	<i>Employers' Contribution made to the Board</i>	<i>Particulars of D.D. No. date and Name of the Bank</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>

FORM – IV

[See clause 11 (4)]

MEMBERSHIP REGISTER

<i>Serial Number</i>	<i>Name of the Manual worker</i>	<i>Sex</i>	<i>Religion</i>	<i>Caste</i>	<i>Category</i>	<i>Name and address of the establishment (in case of self employed worker indicate the same)</i>	<i>Date of Registration</i>	<i>Registration Number</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>	<i>(9)</i>

FORM – V

[See clause 13 (1)]

1. Name and address :

2. Name of the establishment :

STATEMENT OF CONTRIBUTION

<i>Sl. No.</i>	<i>Name of the member</i>	<i>Registration or Token No.</i>	<i>Nature of Employ- ment</i>	<i>Employer Contribution made to the Board</i>	<i>Particulars of DD (No., Date and Name of the Bank)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>

FORM – VI

[See clause 17 (4) (a)]

ACCIDENT INTIMATION FORM

To

The Assistant Commissioner of Labour (Social Security Scheme),

.....District

.....

To

The Inspector / Sub-Inspector of Police,

.....

.....

Sir,

Thiru / Thirumathi/Selvi/Selvan son of / wife of / daughter of
.....employed in the work place.....
has suffered loss of limbs / loss of eye-sight/total disablement/partial injury/ "death due to accident occurred on the
(date) at (time)".

(Signature of the Member)

Address:

Date:

Signature of the Member/Nominee/
Representative of ■ Trade Union

FORM-VII

*[see clause 17(4)(b)]*APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL
DEATH/DISABILITY/1[PROVISION OF ARTIFICIAL LIMBS OR WHEEL CHAIRS]

To

The Assistant Commissioner of Labour (Social Security Scheme),

.....district.

1. (a) Name of the member :
(b) Address(in full) :
(on the date of death/disability)
(c) Age :
(d) Registration number and date of :
initial registration
(e) Renewal date :
(f) Occupation
2. (a) Area :
(b) Place :
(c) District :
3. (a) Name of the nominee :
(b) Relationship with the deceased member :
(in the case of accidental death only)
(c) Age of the nominee
(d) Address in full (with PIN) :
4. Whether the claimant is the member?
himself (in the case of accidental disability) or
the nominee of the member?
5. Date and time of accident :

-
6. Place of accident :
- (a) at the work place
- (b) outside the work place
7. Whether intimation regarding accident has been given in Form VI as per clause 17(4)(a)? :
8. Whether the accident resulted in death/loss of limb/loss of eye sight/partial injury? :
9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. :
10. In the case of accidental disability, whether the applicant requires wheel chair/artificial limbs (strike out whichever is not applicable) :
11. (i) Date and time of death(in case of accidental death) :
- (ii) Attested copy of First Information Report from the Police Station nearer to the place of accident to be closed :
- (iii) Post-Mortem Certificate and final Investigation Report should be sent in original :
- (iv) Death Certificate (attested copy) should be enclosed :

Signature/Thumb impression of the
Member/nominee in case of
death of the member.

DECLARATION BY THE CLAIMANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount [of compensation and / or value of artificial limbs or wheel chair] received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Date :

Signature/Thumb impression of the member/
nominee in case of death.

*Any false declaration/certification will entail legal action.

SANCTION

I hereby sanction, after due verification, for payment of Rs...../(Rupees..... only) towards accidental death/disability/ provision of artificial limbs or wheel chair to Selvi/Thiru/Tmt.....nominee of the member/ member himself.

Office Seal:

**Assistant Commissioner of Labour (Social
Security Scheme),**

.....district.

Place:

(Affix Rubber Stamp)

Date :

ACKNOWLEDGEMENT SLIP

Received from Selvi / Thiru/ Tmt.....

.....application for sanction of assistance towards accidental death / disability/ provision of artificial limbs or wheel chair in respect of deceased member Selvi / Thiru / Tmt.....(Registration Number)/ member Selvi / Thiru / Tmt.....(Registration Number)

Assistant Commissioner of Labour
(Social Security Scheme), district
with date

Name :

Designation:

Office Seal:

FORM-VIII

[see clause 18(2)]

APPLICATION FOR PENSION

To

The Assistant Commissioner of Labour (Social Security Scheme),
district.

Passport size
 Photograph duly
 signed

1. Name of the Applicant :
2. Address in full (to which pension is to be sent) :
(with PIN code)
3. Registration number and date (original Identity :
Card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Whether the registration has been renewed :
regularly without any default? If so, details
may be furnished

Sl. No.	Date of initial registration/ Subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

6. Whether in receipt of any other pension?

If so, furnish complete details :

Signature/Thumb impression of the member.

DECLARATION**

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a member of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Date :

Signature/Thumb impression of the member.

Name:

**Any false declaration/ Certification will entail legal action.

Note: 1. Besides the photograph affixed above, another passport size

Photograph should be enclosed with the application.

2. Incomplete application will not be considered.

SANCTION

I hereby sanction, after due verification, a monthly pension of Rs...../-

(Rupees.....only) with effect from.....The amount shall be sent by money order.

Office Seal:

Place:

Assistant Commissioner of Labour (Social Security Scheme),

Date:

.....District.

ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tmt.....(Address in full).....(Registration
No.....)

application for sanction of pension.

Assistant Commissioner of Labour (Social Security Scheme),

.....district with date

Name:

Designation:

Office Seal:

FORM IX

[see clause 18(2)]

APPLICATION FOR DISABILITY PENSION

To

The Assistant Commissioner of Labour (Social Security Scheme),

.....district.

Passport size
Photograph duly
signed

1. Name of the Applicant :
2. Address in full(to which pension is to be sent)(with PIN code) :
3. Registration number and date (Original identity card should be enclosed) :
4. Age and date of completion of 60 years of age :
5. Whether the registration has been renewed regularly without any default? If so, Details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

6. Whether the applicant has become disabled due to sickness and incapacitated from normal work?(If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in Original) :
7. Whether in receipt of any other pension? If so, furnish complete details :

Signature/Thumb impression of the member.

DECLARATION**

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a member of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:

Signature/Thumb impression of the member.

Date:

Name:

**Any false declaration/certification will entail legal action.

Note:1. Besides the photograph affixed above another passport size

Photograph should be enclosed with the application.

2. Incomplete applications will not be considered.

SANCTION

I hereby sanction after due verification a monthly pension of Rs...../-(Rupeesonly) with effect from.....The amount shall be sent by money order.

Office Seal:

Place:

Date:

Assistant Commissioner of Labour (Social
Security Scheme),
.....District.

ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tmt..... (Address in full).....(Registration
No.)

application for sanction of disability pension.

Assistant Commissioner of Labour (Social Security Scheme),

.....district with date

Name:

Office Seal:

Designation:

FORM-X

*[See clause 19(2) and 20(2)]*APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/
NATURAL DEATH ASSISTANCE

To

The Assistant Commissioner of Labour (Social Security Scheme),
.....district.

1. Name of the deceased member :
2. Address in full(at the time of death) :
3. Age(on the date of death) :
4. Nature of work :
5. (a) Registration Number and date of initial registration
(original Identity card should be enclosed). :
- (b) Date of last renewal, indicating the
period upto which renewed
6. (a) Place of death :
- (b) Date of death :
- (c) Cause of death (to be indicated clearly)
(Avoid indicating as "Natural Death")
(Death Certificate in original shall be enclosed) :
7. (a) Name of the nominee :
- (b) Age of the nominee (in completed years) :
- (c) Address of the nominee in full indicating PIN Code :
- (d) Relationship of the nominee with the deceased
member :

Signature/Thumb impression of the
nominee of the member

DECLARATION OF THE NOMINEE**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased member.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Signature/Thumb impression

Date :

of the nominee of the member

**Any false declaration/Certification will entail legal action.

ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tmt.....
claim application for sanction of Funeral/Natural death
 assistance in respect of deceased member Selvi/Thiru/Tmt.....(Registration No.....)

Assistant Commissioner of Labour (Social Security Scheme),

.....district with date.

Name:

Office Seal:

Designation:

FORM-XI

[See clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN
 10TH STANDARD/11TH STANDARD /12TH STANDARD**

To

The Assistant Commissioner of Labour (Social Security Scheme)

.....district.

1. Name of the member :
2. (a) Registration Number and date of initial registration
 (Original Identity card should be enclosed) :
- (b) Date of last renewal, indicating the
 period upto which renewed :
3. Address(in full) with PIN Code :
4. Details of family members of the member:-

Sl. No	Name	Relationship with the member	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No	Name	Date of Birth	Standard in which studying (Std. 10th /11th /12th)	Year of study(indicate the academic year)	Name of the School with full address
(1)	(2)	(3)	(4)	(5)	(6)

Note:- Certificate from the Head Master/Principal of the School to the effect that the daughter of the member is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:-

<i>Sl. No</i>	<i>Name</i>	<i>Son/Daughter</i>	<i>Course for which assistance availed</i>	<i>Year of availing Assistance</i>	<i>Amount of assistance</i>
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the member

SANCTION

I hereby sanction, after due verification a sum of Rs...../(Rupees.....only) to the claimant as educational assistance, in respect of *Selvan/*Selvi.....*Son/*daughter of *Thiru/Tmt.....member (Registration No.....).

Office Seal:

Place:

Assistant Commissioner of Labour (Social Security Scheme),

Date:

.....district.

*Strikeout whichever is not applicable.

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt/Selvi/.....(Registration No.....), claim application for sanction of educational assistance.

Assistant Commissioner of Labour (Social Security Scheme),

.....district with date.

Office Seal:

Name:

Designation:

FORM-XII

[See clause 21(3)]

**APPLICATION FOR EDUCATION ASSISTANCE FOR PASS IN
10TH STANDARD AND 12TH STANDARD EXAMINATION**

To

The Assistant Commissioner of Labour (Social Security Scheme),

.....district.

1. Name of the member :
2. (a) Registration Number and date of initial registration
(Original Identity card should be enclosed) :
- (b) Date of last renewal, indicating the
period upto which renewed :
3. Address (in full) with PIN Code :
4. Details of family members of the member :-

<i>Sl. No.</i>	<i>Name</i>	<i>Relationship with the member</i>	<i>Age</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>

5. Details of the son or daughter for whom educational assistance is sought for:-

<i>Sl. No.</i>	<i>Name (Son/Daughter)</i>	<i>Date of Birth</i>	<i>Examination passed</i>	<i>Month and year of pass</i>	<i>Name of the School studied</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>

Note:-Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board:-

<i>Sl. No.</i>	<i>Name</i>	<i>Son/Daughter</i>	<i>Course for which assistance availed</i>	<i>Year of availing Assistance</i>	<i>Amount of assistance (Rs.)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>

Signature/Thumb impression of the member

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:

Date:

Signature/Thumb impression of the member

*Any false declaration /certification will entail legal action.

CERTIFICATE*

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members,.....Tamil Nadu.....

Welfare Board/President/Secretary of the Registered Trade Union of the
Employment concerned/Assistant Inspector of Labour concerned / Any
other Officer permitted to give employment certificate.

*Any false declaration/Certification will entail legal action.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:

Date :

Signature/Thumb impression of the member.

*Any false declaration/certification will entail legal action.

CERTIFICATE*

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members,.....Tamil Nadu.....

Welfare Board/President/Secretary of the Registered Trade Union of the Employment concerned/Assistant Inspector of Labour concerned / Any other Officer permitted to give employment certificate.

*Any false declaration/certification will entail legal action.

SANCTION

I hereby sanction, after due verification, a sum of Rs...../(Rupees.....only) to the claimant as educational assistance, in respect of Selvi.....daughter of Thiru/Tmt.....member (Registration No.....)

Office Seal:

Place:

Assistant Commissioner of Labour (Social Security Scheme),

Date :

.....District.

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt.....member (Registration No.....) claim application for sanction of educational assistance.

Assistant Commissioner of Labour (Social Security Scheme),

.....District with date

Office Seal:

Name:

Designation:

FORM-XIII

[See clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To

The Assistant Commissioner of Labour (Social Security Scheme),

.....District.

1. Name of the member :
2. (a) Registration Number and date of initial registration :
(Original Identity card should be enclosed)
- (b) Date of last renewal, indicating the :
period upto which renewed

3. Address (in full) with PIN Code :

4. Details of family members of the member:-

<i>Sl. No.</i>	<i>Name</i>	<i>Relationship with the member</i>	<i>Age</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>

5. Details of the son or daughter for whom educational assistance is sought for:-

<i>Sl. No.</i>	<i>Name</i>	<i>Date of Birth</i>	<i>Name of the course studying</i>	<i>Duration of the course</i>	<i>Name of the College/Institution with address in full</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>

Note:- Certificate from the principal of the College/Educational institution to the effect that the son or daughter of the member is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board:-

<i>Sl. No.</i>	<i>Name</i>	<i>Son/Daughter</i>	<i>Course for which assistance availed</i>	<i>Years of availing Assistance</i>	<i>Amount of assistance (Rs.)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>

Signature/Thumb impression of the member

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:

Date :

Signature/Thumb impression of the member.

*Any false declaration/certification will entail legal action.

CERTIFICATE*

I hereby certify that the above particulars are correct.

Members,.....Tamil Nadu.....,
Welfare Board/ President/Secretary of the Registered
Trade Union of the Employment concerned/Assistant
Inspector of Labour concerned/Any other Officer
permitted to give employment certificate.

Place:

Date:

*Any false declaration/certification will entail legal action.

SANCTION

I hereby sanction, after due verification, a sum of Rs...../(Rupees.....
only) towards educational assistance, in respect of *Selvan/*Selvi.....(*Son/*daughter)of *Thiru/
*Tmt.....

member (Registration No.....).

Place:

Assistant Commissioner of Labour (Social Security Scheme),

Date:

.....district.

*Strikeout whichever is not applicable.

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt/Selvi/.....member (Registration No.....) claim application for sanction of
educational assistance.

Assistant Commissioner of Labour (Social Security Scheme),
.....district with date.

Office Seal:

Name:

Designation:

FORM-XIV

[See clause 22(4)]

APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE

To

The Assistant Commissioner of Labour (Social Security Scheme),

.....district.

1. Name of the member :
2. Registration Number and Date of initial registration
(Original Identity Card should be enclosed) :
3. Address (in full) with PIN Code :
4. (a) Particulars of the members of the family of the member :

Sl. No.	Name	Relationship	Age	Marital Status
(1)	(2)	(3)	(4)	(5)

- (b). (i) Name of the person for whose marriage the assistance is sought for :
- (ii) Relationship to the member :
- (iii) age in completed years on the date of marriage :
- (c). Names of the couple (i) Bride :
- (ii) Groom :
- (d). Date and venue of the marriage
(Marriage invitation to be enclosed in original) :
- (e). Has the marriage assistance been availed earlier from the Board? If so, furnish details :

Signature/Thumb impression of the member

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:

Date :

Signature/Thumb impression of the member.

*Any false declaration/certification will entail legal action.

CERTIFICATE*

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members,.....Tamil Nadu.....Welfare Board / President / Secretary of the Registered Trade Union of the Employment concerned / Assistant Inspector of Labour concerned / Any other Officer permitted to give employment certificate.

*Any false declaration/certification will entail legal action.

SANCTION

I hereby sanction, after due verification, a sum of Rs...../-(Rupees.....only) towards marriage assistance of the son/daughter/self of Thiru/Tmt.....member of the Board (Registration No.....).

Assistant Commissioner of Labour (Social Security Scheme),
.....district.

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt/Selvi/.....(Registration No.....) claim application for sanction of marriage assistance.

Assistant Commissioner of Labour (Social Security Scheme),
.....district with date

Office Seal:

Name:

Designation:

FORM-XV

[See clause 23(3)]

APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FEMALE MEMBER
FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY.

To

The Assistant Commissioner of Labour (Social Security Scheme),

.....district.

1. Name of the female member :

2. (a) Registration Number and date of initial registration

(Original Identity Card should be enclosed) :

(b) Date of last renewal, indicating the

period upto which renewed :

3. Address(in full) with PIN Code :

4. Particulars of surviving son/daughter of the female member :

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy*on the date of claim application :

*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)

6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? :

If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the government Hospital to this effect should be obtained and sent in original)

7. Whether the assistance has already been availed by the registered female manual worker? :
If so, details may be furnished

Signature/Thumb impression of the member.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Date :

Signature/thumb impression of the female member.

*Any false declaration/certification will entail legal action.

Note:- (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the female member after the 7th month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the scheme.

CERTIFICATE*

I hereby certify that the particulars furnished in the application form are correct.

Members,.....Tamil Nadu.....
Welfare Board / President/Secretary of the Registered
Trade Union of the Employment concerned/ Assistant
Inspector of Labour concerned / Any other officer permitted
to give employment certificate.

*Any false declaration/certification will entail legal action.

SANCTION

I hereby sanction, after due verification, for the payment of assistance of Rs...../-
(Rupees.....only) to Tmt..... female member (Registration No.....)

*at the time of seventh month of pregnancy/*on delivery of child/*for miscarriage of pregnancy/*termination of pregnancy

Office Seal:

Assistant Commissioner of Labour (Social Security Scheme),

(*Strike out whichever is not applicable).

.....district.

ACKNOWLEDGEMENT SLIP

Received from Tmt..... female member (Registration Number.....) claim application for sanction of maternity assistance for*pregnancy/*miscarriage of pregnancy/*termination of pregnancy in respect of the female member.

Assistant Commissioner of Labour (Social Security Scheme),

.....district

Name:

Office Seal:

Designation:

FORM-XVI

[See clause 24(1)]

**APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES
BY THE MEMBER.**

To

The Assistant Commissioner of Labour (Social Security Scheme),

.....district

1. Name of the member :
2. (a) Registration Number and date of initial registration
(Original Identity Card should be enclosed) :
- (b) Date of last renewal indicating the
period upto which renewed :
3. Address(in full)with PIN Code :
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the member.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount reimbursement towards purchase of spectacles for myself.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Date :

Signature/thumb impression of the
female member.

*Any false declaration/certification will entail legal action.

CERTIFICATE*

I hereby certify that the particulars furnished in the application form are correct.

Members,Tamil Nadu.....
.....Welfare Board / President/
Secretary of the Registered Trade Union of the Employment
concerned/Assistant Inspector of Labour concerned/Any
other officer permitted to give employment certificate.

*Any false declaration/Certification will entail legal action.

SANCTION

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../- (Rupees.....only) to
Selvi/Thiru/Tmt....., towards the actual cost on purchase of spectacles for himself/herself.

Office Seal:

Assistant Commissioner of Labour (Social Security Scheme),
.....district.

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt/Selvi.....member (Registration Number.....) application
for reimbursement of cost on purchase of spectacles for himself/herself.

Assistant Commissioner of Labour (Social Security Scheme),
.....district with date

Name:

Office Seal:

Designation:

MD. NASIMUDDIN,
Additional Chief Secretary to Government.